

# Curriculum vitae (1/2)

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**False reports may result in dismissal. Please fill out the form correctly.**

Your full name							
Date of birth	Year _____ /	Month _____ /	Day _____				
Age			Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Spouse	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Married	<input type="checkbox"/> Living together				
How many children do you have?							
Blood type			Which is your dominant hand?	<input type="checkbox"/> Left	<input type="checkbox"/> Right		
Final education background	<input type="checkbox"/> Graduation	<input type="checkbox"/> Leaving school during a term	<input type="checkbox"/> Others: _____				
Email	_____ @ _____						
Present address	_____						
Mobile Phone number	_____						
Nationality	_____						
Do you have dependents			<input type="checkbox"/> Yes	<input type="checkbox"/> No			
When do you think about going to Japan?			<input type="checkbox"/> Immediately	<input type="checkbox"/> in 1 week	<input type="checkbox"/> in 2 week	<input type="checkbox"/> Don't know	
Japanese language comprehension			<input type="checkbox"/> 0%	<input type="checkbox"/> 30%~40%	<input type="checkbox"/> 80%~90%		
			<input type="checkbox"/> 10%~20%	<input type="checkbox"/> 50%~70%	<input type="checkbox"/> 100%		
Reading and writing Japanese			<input type="checkbox"/> NO	<input type="checkbox"/> ひらがな	<input type="checkbox"/> カタカナ	<input type="checkbox"/> 漢字	
Hat			Uniforms (top)			Uniforms (bottom)	
Height (of body)			Body eight			Shoes	
Do you have a tattoo?		<input type="checkbox"/> No	<input type="checkbox"/> Yes. Where? _____				
Can I ride a bike?			<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Do you need to provide food at the factory?			<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Can I work overtime?		<input type="checkbox"/> I can't	<input type="checkbox"/> 1 hour	<input type="checkbox"/> 2 hour	<input type="checkbox"/> 3 hour		
Can I work on Saturdays and Sundays?			<input type="checkbox"/> Yes	<input type="checkbox"/> No			

# Curriculum vitae (2/2)

IPC World, Inc.

About the desired shift	<input type="checkbox"/> Any shift	<input type="checkbox"/> 2 Shift	<input type="checkbox"/> Day shift	<input type="checkbox"/> Night shift
Starting date of work	<input type="checkbox"/> same-day work	<input type="checkbox"/> 1 week	<input type="checkbox"/> 2 week	
Do you have any pets	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a criminal record?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
About the disease (Past and Present)	<input type="checkbox"/> Healthy	<input type="checkbox"/> Hernia	<input type="checkbox"/> Tendivaginitis	
	<input type="checkbox"/> Lumbago	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Diabetes mellitus	
	<input type="checkbox"/> Asthma	<input type="checkbox"/> High cholesterol	<input type="checkbox"/> Bronchitis	
	<input type="checkbox"/> Other: _____.			
Are you allergic to oil?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Could you be pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a religion?	<input type="checkbox"/> No <input type="checkbox"/> Yes. What: _____.			
Do you drink alcohol?	<input type="checkbox"/> No <input type="checkbox"/> Yes. How many times a week: _____.			
Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you be using glasses?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Emergency contact in Japan	( _____ ) - _____.			
Name and relationship	_____			
Emergency contact number in home country	( _____ ) - _____.			
Name and relationship	_____			

I declare that all the information I have entered is true.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Year Month Day

\_\_\_\_\_  
 Signature